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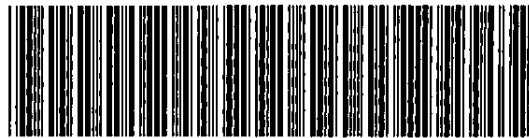
(Business Entity Name)

(Document Number)

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PLASTIC PICTURES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: JIM BIGHAM

Name (Printed or typed)

6301 CORAL LAKE DRIVE

Address

MIAMI, FLORIDA 33155-5919

City, State & Zip

305-665-7086

Daytime Telephone number

bighamjim@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME PLASTIC PICTURES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6301 CORAL LAKE DRIVE, MIAMI, FLORIDA 33155-5919
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THEATRICAL MOTION PICTURE PRODUCTIONS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: DANIEL TOLAND-PRESIDENT/PRODUCER
Address: 9 WIMPOLE STREET, LONDON, UNITED KINGDOM, W1G9SR
Name and Title: JIM BILGHAM-EXECUTIVE
Address: 6301 CORAL LAKE DRIVE, MIAMI, FLORIDA 33155-5919

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: ROBERT HIBNER CPA
Address: 13100 SW 80TH AVENUE, MIAMI, FLORIDA 33156-6133

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: ROBERT HIBNER CPA
Address: 13100 SW 80TH AVENUE, MIAMI, FLORIDA 33156-6133

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature] Required Signature/Registered Agent
AUGUST 22, 2012 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] Required Signature/Incorporator
AUGUST 22, 2012 Date

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STATE OF FLORIDA
DEPARTMENT OF STATE